

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY NUMBER (includes Reference to PCT International Applications)

PHNL021449 US

As a below named inventor, I I	nereby declare that:		
My residence, post office addr	ess and citizenship are as state	ed next to my name.	
plural names are listed below)	of the subject matter which is croller and drive servo sy	name is listed below) or an original claimed and for which a patent is settem including it.	l, first and joint inventor (if sought on the invention
is attached hereto.			
☐ was filed as United States	application		
Serial No ————			
on	<del>.</del>		
and was amended		·	
on			
☑ was filed as PCT internatio  Number _PCT/IB2003/0059  On _ <del>12 December 2003</del>			
and was amended under PCT	Article 19		(if applicable).
claims, as amended by any an	nendment referred to above.	nts of the above-identified specific	-
Title 37, Code of Federal Regu		rial to the examination of this appli	cation in accordance with
or inventor's certificate or of ar States of America listed below any PCT international applicati	ny PCT international application and have identified below any ion(s) designating at least one	States Code, § 119 of any foreign n(s) designating at least one count foreign application(s) for patent or country other than the United Stat the application(s) of which priority	ry other than the United inventor's certificate or es of America filed by me
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
EUROPE	02293137.2	December 18, 2002	YES
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Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) PHNL021449 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32, 266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 SECOND GIVEN NAME FULL NAME OF **FAMILY NAME** FIRST GIVEN NAME INVENTOR DE HOOG <u>Thomas</u> Jan STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY CITIZENSHIP The Netherlands The Netherlands Eindhoven POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

5656 AA Eindhoven

SIGNATURE OF INVENTOR 201

**ADDRESS** 

Prof. Holstlaan 6

DATE

24 MAY 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

The Netherlands

(July 1994)

PTO/SB/80 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						nder		
I hereby	/ appoint:							
X Pra	actitioners associated with the Cur	stomer Number:	247	137		$\supset$		
OR	/	į						
Practitioner(s) named below (if more than terr patent practitioners are to be named, then a customer number must be used):								
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Assignee N	lame and Address:	<del></del>	<u> </u>					
KONINKLIJKE PHILIPS ELECTRONICS N.V.								
Groenewoudseweg 1								
5621 BA Eindhoven, The Netherlands								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
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SIGNATURE of Assignee of Record  The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature Date 14 January 200					15			
Name	Michael E. Mari	ion					333-96	
Title	Authorized Representative Telephone (914) 333-9637					, 3 /		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEME	NT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.				
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently			
Entitled: REPETITIVE CONTROLLER AND DRIVE SERVO SYSTEM INCLUDING IT				
Koninklijke Philips Electronics N.V. (Name of Assignee)	a corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:  1.				
2.   an assignee of less than the entire right, title an The extent (by percentage) of its ownership into in the patent application/patent identified above by virial titles.	erest is ————%			
A. [ ] An assignment from the inventor(s) of the pate in the United States Patent and Trademark Office attached.	nt application/patent identified above. The assignment was recorded ce at Reel, Frame, or for which a copy thereof is			
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The undersigned (whose title is supplied below) is aut $\mathcal{L} \cdot 3 \cdot \mathcal{O} 5$	·			
Date	Michael E. Belk, Reg. 33,357  Typed or printed name			
(914) 333-9643	mulant Rell			
Telephone number	Signature			
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